SF 51207 (12-02)
Integrated Public Safety Commission
Project Hoosier SAFE-T

Communications Systems Survey

This survey is designed to determine your agency's interest in participating in Project Hoosier SAFE-T. The information you provide will enable us to accurately understand your current communications systems and better design the statewide system to meet your needs. If you have any questions while completing this survey, please contact either Steve Skinner (sskinner@ipsc.state.in.us) at (317) 233-8625 or Dave Vice (dvice@ipsc.state.in.us) at (317) 232-8993. Please return this completed survey to:

> Integrated Public Safety Commission
> 3rd Floor IGCN
> 100 North Senate Avenue
> Indianapolis, Indiana 46204

> or via fax to (317) 233-1082 or via email to sskinner@ipsc.state.in.us or dvice@ipsc.state.in.us.

This document is also available as a Microsoft Word file and may be submitted electronically. If you choose to complete the electronic version, use the TAB button to select the shaded checkboxes and fields. Checkboxes may be selected with either the space bar or mouse and text fields may be edited. If you need to further edit the document, select the "Unprotect Document" command from the Tools menu.

Feel free to use this form for multiple agencies, but differentiate the information where appropriate, e.g., the number of radios for each agency, etc.

Contact Information

Contact Name:	*Alternate Contact:*
Title:	Title:
Dept./Agency:	Dept./Agency:
Telephone:	Telephone:
Fax:	Fax:
E-Mail:	E-Mail:
Mailing Address:	Mailing Address:

Participation

Are you interested in participating in Project Hoosier SAFE-T? If so, please indicate the areas which interest you:

☐ Joining Project Hoosier SAFE-T by purchasing radios and operating on the system

☐ Utilizing your existing system and patch to SAFE-T system when necessary

☐ Migrating to Project Hoosier SAFE-T when time to replace current systems (expected timeframe _____ years.)

☐ Remaining separate from Project Hoosier SAFE-T.

☐ If remaining separate, would your agency reconsider coming onto the system if state or federal funding were available?

☐ Other (describe)

Agency Information

What is the size of your agency? _____ Sworn _____ Civilian

How many radios does your agency currently have? _____ Mobiles _____ Portables

Existing System

1) In which frequency band(s) does your voice radio system operate?

☐ Low Band (24 – 50 MHz) ☐ 800 MHz

☐ High band (150 - 174 MHz) ☐ Other _____

☐ UHF (450 - 512 MHz)

2) Who is the manufacturer of your current system? _____

3) Who provides service for your system? _____

4) Do your field personnel use: ☐ Mobile Radios ☐ Portable Radios ☐ Both

5) Are portable radios used inside vehicles? ☐ Yes ☐ No

6) Do you use remote speaker/microphones on your portable radios?

☐ Yes, with antennas ☐ Yes, without antennas ☐ No

7) Is your system: ☐ Analog ☐ Digital ☐ Both

8) Do you use encryption? ☐ Yes ☐ No

9) Describe any significant limitations with your existing system.

Coverage

Please identify the following and attach diagrams as necessary:

1) On the street coverage of existing system.

2) In-building coverage of existing system (location and types of buildings, etc.).

3) Areas of poor coverage (describe the types of problems experienced).

4) Identify your jurisdiction or operating region, as appropriate.

Interoperability

(For the purposes of this survey, interoperability should be considered the ability for field personnel from separate agencies to communicate with one another via mobile or portable radios.)

1) With which agencies do you have direct radio interoperability?

2) List any additional agencies with which you desire to communicate.

3) Describe any limitations your agency experiences with communications interoperability.

Mobile Data

1) Does your agency currently use mobile data? (If so, describe) ☐ Yes ☐ No
2) Would you like to use mobile data on the SAFE-T system? ☐ Yes ☐ No

Dispatching

1) Please indicate the name and location of your Dispatch Center (please indicate if you are dispatched by another agency).

2) If applicable, please indicate the departments and/or agencies for which you provide dispatching services.

3) Do you currently use a personnel paging and/or station alerting system to support operations?

    ☐ Yes   ☐ No

If so, briefly describe your system and how it is used.

4) How many dispatch positions does your agency have? _____ positions

5) What type of radio dispatch equipment does your agency use?

    ☐ CRT-based console   ☐ LEDs and buttons   ☐ Desktop radio   ☐ Portable Radio

    ☐ Other (describe)

6) If your agency migrates to the SAFE-T system, what type of radio dispatch equipment would you utilize?

    ☐ CRT-based console   ☐ Desktop radio   ☐ Portable Radio

    ☐ Other (describe)

How many dispatch positions would you need on the new system? _____ positions

Other Information

Please include any other relevant information.

Radio Sites and Facilities

Please describe existing and potential radio sites, along with equipment shelter and tower resources. (Use additional copies of this page or a similar spreadsheet as needed.)

Site Name	Latitude	Longitude	Height (ft.)	Space Available	Shelter	UPS	Generator
(Sample Site)	*40-16-15*	*111-56-10*	*100'*	*Y/N*	*Y/N*	*Y/N*	*Y/N*

Thank you for your participation!